

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER <u>14-cv-3975(DWF/SER)</u>				
DEFENDANT	TYPE OF PROCESS <u>Civil</u>				
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Officer Ron Rollins, North Branch Police Dept,</u>				
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>6408 Elm Street, North Branch MN 55056</u>				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:					
<input checked="" type="checkbox"/> Please return Affidavit of Service to Clerk's office only.					
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> </tr> <tr> <td>Number of parties to be served in this case</td> </tr> <tr> <td>Check for service on U.S.A.</td> </tr> </table>			Number of process to be served with this Form - 285	Number of parties to be served in this case	Check for service on U.S.A.
Number of process to be served with this Form - 285					
Number of parties to be served in this case					
Check for service on U.S.A.					

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

fold

fold

North Branch PD: 651-674-8848

Signature of Attorney or other Originator requesting service on behalf of: <u>AMM</u>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER <u>abolson@hotmail.com</u>	DATE <u>3/6/15</u>
<input type="checkbox"/> DEFENDANT			

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <u>11</u>	District of Origin <u>No. 41</u>	District to Serve <u>No. 41</u>	Signature of Authorized USMS Deputy or Clerk <u>Devin Wicks</u>	Date <u>3-18-15</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Kathy Minnicksoffer Admin</u>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
----------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

Address (complete only if different than shown above) <u>1100 1/2 Elm Street, North Branch, MN 55056</u>	Date of Service <u>3-16-15</u>	Time <u>130</u>	am <input type="checkbox"/> pm <input checked="" type="checkbox"/>
	Signature of U.S. Marshal or Deputy <u>Devin Wicks</u>		

Service Fee <u>130</u>	Total Mileage Charges (including endeavors) <u>45.00</u>	Forwarding Fee <u>—</u>	Total Charges <u>—</u>	Advance Deposits <u>—</u>	Amount owed to U.S. Marshal or <u>175.00</u>	Amount of Refund <u>—</u>
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REMARKS:

SCANNED

MAR 30 2015

U.S. DISTRICT COURT MPLS

PLAINTIFF

Aaron Olson

COURT CASE NUMBER

14-cv-3975 (DWF/SER)

DEFENDANT

Christopher Kozel, et al

TYPE OF PROCESS

CIVIL

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Chicago County, County Attorney Janet Reiter

ADDRESS (Street or RFD, Apartment/No., City, State and ZIP Code)

AT 313 N. Main St., Rm 373, Center City, MN 55012

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return Affidavit of Service
to Clerk's office only.

Number of process to be served with this Form - 285

Number of parties to be served in this case

11

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Janet Reiter: 651-213-8400

Signature of Attorney or other Originator requesting service on behalf of:

Aaron Olson
 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

aaronolson@hotmail.com

DATE

3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted.)Total Process
11District of Origin
No. 411District to Serve
No. 411

Signature of Authorized USMS Deputy or Clerk

Janet Reiter

Date

3-18-15

I hereby certify and return that I have personally served have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Tara Iyer Recpt
 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

3-26-15 2:30

pm

Signature of U.S. Marshal or Deputy

Reiter

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
130	56 ⁰⁰	-	186 ⁰⁰	-	186 ⁰⁰	-

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

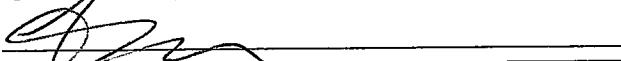
See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Aaron Oken		COURT CASE NUMBER	14-cv-3975 (DWF/SER)
DEFENDANT	Christopher Kopel, et al		TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Todd McMurray, Chicago County Health and Human Services			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 313 North Main Street, Center City MN 55012			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	
<input checked="" type="checkbox"/> Please return Affidavit of Service to Clerk's office only.			Number of parties to be served in this case	11
			Check for service on U.S.A.	

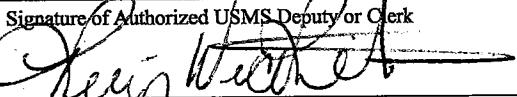
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FoldFold

Chicago County: 651-257-1300

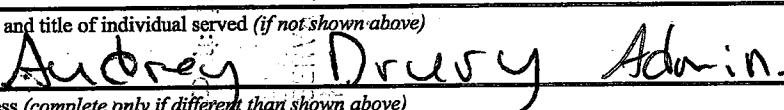
Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	alekona@hotmail.com	3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
	11	41	41		3-18-15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)			<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service	Time	am
	3-20-15	2:30	pm
	Signature of U.S. Marshal or Deputy		
			

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
30.00	55.00		78.00		78.00	

REMARKS:

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

U.S. Department of Justice
United States Marshals Service

PLAINTIFF

Aaron Olson

COURT CASE NUMBER

4CV-3975 (DWF/SER)

DEFENDANT

Christopher Kopel, et al

TYPE OF PROCESS

Civil

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

City of Fridley, Scott Lund

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT 6431 University Ave NE, Fridley MN 55432

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return Affidavit of Service
to Clerk's office only.Number of process to be
served with this Form - 285Number of parties to be
served in this case

11

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Scott Lund: 763-571-3450

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)Total Process
11District
of Origin
No. 41District
to Serve
No. 41

Signature of Authorized USMS Deputy or Clerk

Date

3-18-15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Aaron Olson, Trustee P/c

 A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service Time am

3/20/15 1400

pm

Signature of U.S. Marshal or Deputy

J. W. K.

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$65	\$11.20	1	\$76.20	1	\$76.20	—

REMARKS:

PROCESS RECEIPT AND RETURNSee Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.U.S. Department of Justice
United States Marshals Service

PLAINTIFF

Aaron Olson

COURT CASE NUMBER

14-CV-3975 (DWF/SER)

DEFENDANT

Christopher Kopel, et al

TYPE OF PROCESS

Civil

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



Washington County, Court Attorney Pete Orput

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

15015 62nd St. N., Stillwater MN 55082

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return affidavit of
Service to Clerk's office only.

Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service,
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Washington County: 651-430-6116

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

aolsona@hotmail.com

DATE

3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)Total Process
4/11District
of Origin
No. 41District
to Serve
No. 41

Signature of Authorized USMS Deputy or Clerk

Date

3-18-15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Lisa Bryske, Admin.

 A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

15015 62nd St. N.
Stillwater MN 55082

Date of Service

Time

am

3/24/15 1800 PM

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$65	\$16.50	—	\$81.50	—	\$81.50	—

REMARKS:

PROCESS RECEIPT AND RETURNSee Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.U.S. Department of Justice
United States Marshals Service

PLAINTIFF

Aaron Olson

COURT CASE NUMBER

14-CV-3975(DWF/SER)

DEFENDANT

Christopher Koppel, et al

TYPE OF PROCESS

Civil

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

→ {

Siv Yurichuk, Assistant County Attorney

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT {

15015 62nd St. N., Stillwater MN 55082

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return affidavit of
Service to Clerk's office only.Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Washington County: 651-430-6116

Signature of Attorney or other Originator requesting service on behalf of:

Aaron

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

aolsona@hotmail.com

DATE

3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.

Total Process

District
of OriginDistrict
to Serve

Signature of Authorized USMS Deputy or Clerk

Date

(Sign only first USM 285 if more
than one USM 285 is submitted)

11

No. 41

No. 41

Aaron Wackerhorst

3-18-15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Lisa Baysky, Admin

 A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

15015 62nd St. N.
Stillwater
MN 55082

Date of Service

3/20/15

Time

1600

pm

Signature of U.S. Marshal or Deputy

J. T. Wackerhorst

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
\$65	\$16.50	—	\$81.50	—	\$81.50	—

REMARKS:

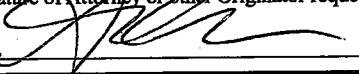
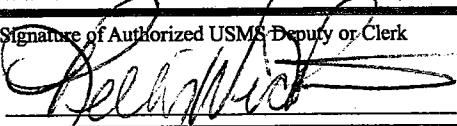
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PROCESS RECEIPT AND RETURNSee Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.U.S. Department of Justice
United States Marshals Service

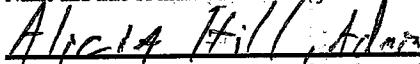
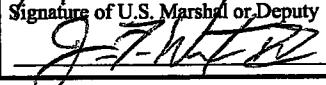
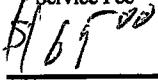
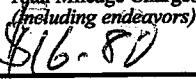
PLAINTIFF	Aaron Olson		COURT CASE NUMBER	14-cv-3975 (DWF/SEA)
DEFENDANT	Christopher Kopel, et al		TYPE OF PROCESS	Civil
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
→	Officer Christopher Kopel, Stillwater PD			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
216 Fourth Street North, Stillwater MN 55082				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:				
<input checked="" type="checkbox"/> Please return affidavit of Service <input type="checkbox"/> to Clerk's office only.				
<input type="checkbox"/> Number of process to be served with this Form - 285 <input type="checkbox"/> Number of parties to be served in this case <input type="checkbox"/> Check for service on U.S.A.				

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):FoldFold

Christopher Kopel : 651-351-4931

Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
		<input type="checkbox"/> DEFENDANT	alolsona@hotmail.com	3/6/15
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 41	District to Serve No. 41	Signature of Authorized USMS Deputy or Clerk 
				Date 3-18-15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) 		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) 		Date of Service	Time
		3/20/15	1530 pm
		Signature of U.S. Marshal or Deputy 	
Service Fee 	Total Mileage Charges (including endeavors) 	Forwarding Fee 1	Total Charges \$81.80
Advance Deposits —	Amount owed to U.S. Marshal or \$81.80	Amount of Refund —	

REMARKS:

X

PROCESS RECEIPT AND RETURNSee Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.U.S. Department of Justice
United States Marshals Service

PLAINTIFF

Aaron Olson

COURT CASE NUMBER

14-cv-3975 (DWF/SER)

DEFENDANT

Christopher Koppel, et al

TYPE OF PROCESS

Civil

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN



Officer Austin Peterson, Stillwater Police Dept.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

216 Fourth Street North, Stillwater MN 55082

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return affidavit of
Service to Clerk's office only.Number of process to be
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on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Austin Peterson: 651-351-4938

Signature of Attorney or other Originator requesting service on behalf of:

TELEPHONE NUMBER

DATE

 PLAINTIFF
 DEFENDANT

olsona@hotmail.com

3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
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11District
of Origin
No. 41District
to Serve
No. 41

Signature of Authorized USMS Deputy or Clerk

Date

3-18-15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Alicia Hill, Admin

Address (complete only if different than shown above)

Date of Service Time am

3/20/15 1530 pm

Signature of U.S. Marshal or Deputy

X

Service Fee \$65 ⁰⁰	Total Mileage Charges (including endeavors) \$16.80	Forwarding Fee -	Total Charges \$81.80	Advance Deposits -	Amount owed to U.S. Marshal or \$81.80	Amount of Refund -
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REMARKS:

X

X

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

U.S. Department of Justice
United States Marshals Service

PLAINTIFF

Aaron Olson

COURT CASE NUMBER

14-cv-3975(DWF/SER)

DEFENDANT

Christopher Kopel, et al

TYPE OF PROCESS

Civil

SERVE



NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Karl Schreck, Minnesota Dept. of Human Services

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

444 Lafayette Rd. N., St. Paul MN 55101

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return Affidavit of
Service to Clerk's office only,

Number of process to be
served with this Form - 285Number of parties to be
served in this case

11

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FoldFold

Karl Schreck: 651-431-3495

Signature of Attorney or other Originator requesting service on behalf of:

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)Total Process
11District
of Origin
No. 41District
to Serve
No. 41

Signature of Authorized USMS Deputy or Clerk

Date

3-18-15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

 A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

3/20/15 1615 00

Signature of U.S. Marshal or Deputy

Service Fee
\$69Total Mileage Charges
(including endeavors)
\$10.00Forwarding Fee
1Total Charges
\$79Advance Deposits
—Amount owed to U.S. Marshal or
\$79Amount of Refund
—

REMARKS:

PROCESS RECEIPT AND RETURN*See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.*U.S. Department of Justice
United States Marshals Service

PLAINTIFF

Aaron Olson

COURT CASE NUMBER

14-cv-3975(DWF/SER)

DEFENDANT

Christopher Kopel, et al

TYPE OF PROCESS

Civil

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

City of Stillwater, Ted Kozlowski

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT 1207 Third Street North, Stillwater MN 55082

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Please return affidavit of
Service to Clerk's office
Only.

Number of process to be
served with this Form - 285Number of parties to be
served in this case

11

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service*):

Fold

Fold

Ted Kozlowski: 651-300-4993

Signature of Attorney or other Originator requesting service on behalf of:

Aaron

 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

aaronolson@hotmail.com

DATE

3/6/15

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)Total Process
11District
of Origin
No. 41District
to Serve
No. 41

Signature of Authorized USMS Deputy or Clerk

Kelli Woot

Date

3-18-15

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Diane Ward, Office Mgr

Address (complete only if different than shown above)

216 Fourth Street North
Stillwater MN 55082
 A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

3/29/05 1430 PM

Signature of U.S. Marshal or Deputy

J.T. Woot

Service Fee \$165	Total Mileage Charges (including endeavors) \$16.80	Forwarding Fee —	Total Charges \$81.80	Advance Deposits —	Amount owed to U.S. Marshal or \$81.80	Amount of Refund —
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REMARKS:

X